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Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 24998 7590 05/24/2004 DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below. 2101 L STREET NW **WASHINGTON, DC 20037-1526** 07/28/2004 EFLORES1 00000025 10644882 (Depositor's name) 1330.00 OP 01 FC:1501 02 FC:1504 300.00 OP (Signature) 15.00 OP 03 FC:8001 (Date) APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/644,882 08/21/2003 Joel A. Drewes M4065.0594/P594-A 6842 TITLE OF INVENTION: METHOD FOR MANUFACTURE OF MRAM MEMORY ELEMENTS APPLN. TYPE SMALL ENTITY **ISSUE FEE** PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1330 \$300 \$1630 08/24/2004 **EXAMINER** ART UNIT **CLASS-SUBCLASS** NGUYEN, THINH T 2818 438-003000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the ı<u>Dickstein Shapiro</u> names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single $\hfill \Box$ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. firm (having as a member a registered attorney or 2Morin & Oshinsky LLP agent) and the names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer attorneys or agents. If no name is listed, no name will be printed. Number is required. 3. 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PTO/SB/17 (10-03)

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Filing Date	FEE TO ANOMITTAL			Complete if Known					
First Named Inventor Joel A. Drewes Examiner Name T. T. Nguyen Art Unit 2818 TOTAL AMOUNT OF PAYMENT (\$) 1,645.00 Attomey Docket No. M4065.0594/P594-A METHOD OF PAYMENT (check all that apply) Check \(\times \) Cordid (money Other None Card Card Order Other None Code (\$) Fee Description Fee Pald Card Order (\$) Fee Description Fee Pald Card Order (\$) Surcharge - late filing fee or cath Name (\$) 1,645.00 Attomey Docket No. M4065.0594/P594-A **The Director Is authorized to Circle call that apply) Charge fee(s) indicated below \(\times \) Credit any overpayments (\$) 1051 130 2051 65 Surcharge - late filing fee or cath Shapiro Morin & Oshinsky LIP Charge fee(s) indicated below \(\times \) Credit any overpayments (\$) 1812 2,520 1812 2,520 For filing a request for expare reexamination to the above-dentified deposit account. **FEE CALCULATION** 1. BASIC FILING FEE Large Entity Small Entity Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe	FEE TRANSMITTAL			ation	Numb	er 10/644,882-Conf. #6842	10/644,882-Conf. #6842		
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**or number previously paid, if greater; For Reissues, see above									
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